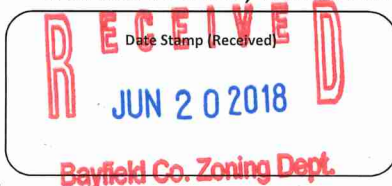


SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0242
Date:	7-12-18
Amount Paid:	\$90 6-21-18
Refund:	Bal due 35.- 6-21-18 dak

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Brian G & Linda A Klobucher	Mailing Address: 23360 US Hwy 2	City/State/Zip: Ashland WI. 54806	Telephone: (715) 746-2064
Address of Property: Dennis Rd	City/State/Zip: Ashland WI. 54806	Cell Phone: (715) 209-6461	
Contractor: Self	Contractor Phone: -	Plumber: -	Plumber Phone: -
Authorized Agent: (Person Signing Application on behalf of Owner(s)) -	Agent Phone: -	Agent Mailing Address (include City/State/Zip): -	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION NW 1/4 SW 1/4	Legal Description: (Use Tax Statement) -	Tax ID# 21868	Recorded Document: (i.e. Property Ownership) 2017R-569041
Section 26, Township 47 N, Range 06 W	Town of: Keystone	Lot Size -	Acreage 24.690

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$30,000.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Garage		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Compost Toilet	
			<input checked="" type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 40'	Width: 30'	Height: 10'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property) Garage	( 30' X 40' )	1200
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Brian G Klobucher  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-19-18

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit 23360 US Hwy 2 Ashland WI 54806

Attach  
Copy of Tax Statement

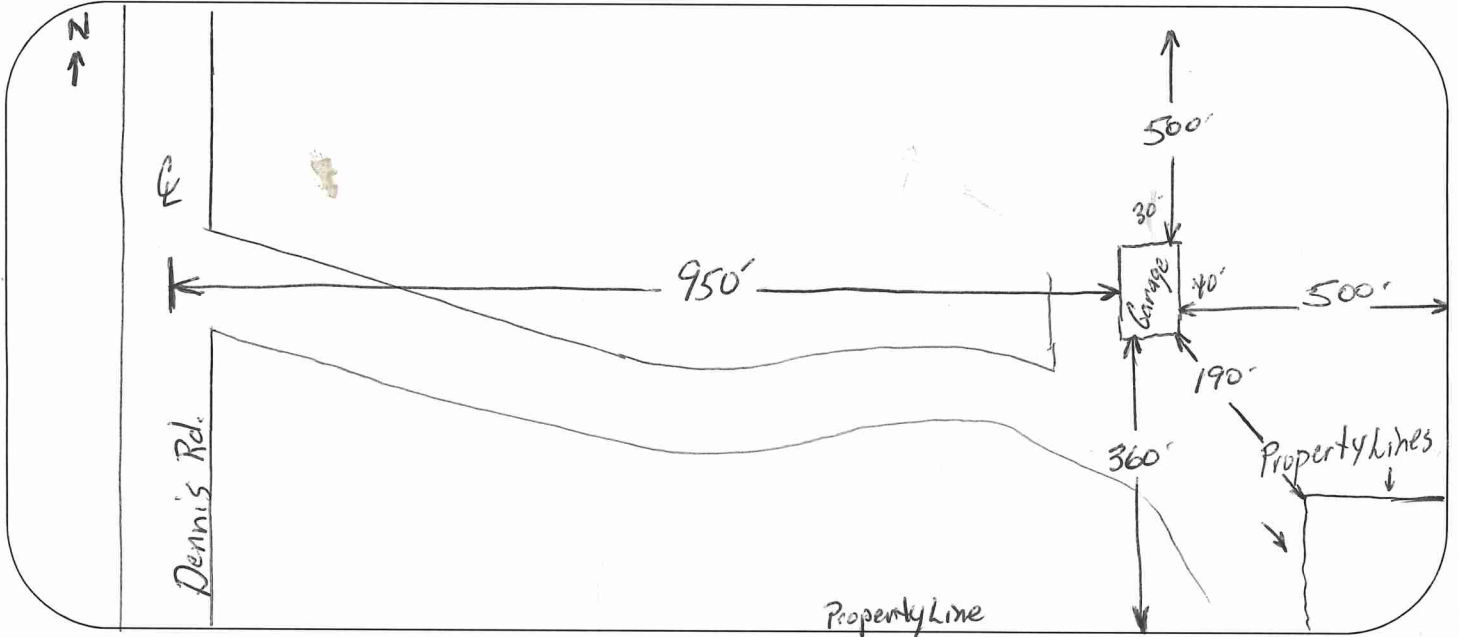
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Approx. 950 Feet	Setback from the Lake (ordinary high-water mark)	— Feet
Setback from the Established Right-of-Way	— Feet	Setback from the River, Stream, Creek	— Feet
Setback from the North Lot Line	Approx. 500 Feet	Setback from the Bank or Bluff	— Feet
Setback from the South Lot Line	Approx. 360 Feet	Setback from Wetland	— Feet
Setback from the West Lot Line	Approx. 920 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Approx. 500 Feet	Elevation of Floodplain	— Feet
Setback to Septic Tank or Holding Tank	— Feet	Setback to Well	— Feet
Setback to Drain Field	— Feet		
Setback to Privy (Portable, Composting)	— Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>NA</b>	# of bedrooms: <b>—</b>	Sanitary Date: <b>—</b>			
Permit Denied (Date):		Reason for Denial:					
Permit #: <b>18-0040</b>		Permit Date: <b>7-12-18</b>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Fused/Contiguous Lot(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>stakes</b>		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Pin Ridge 2015</b>	
Inspection Record: <b>Site recently surveyed and logged. Building site was staked and appears code compliant as proposed.</b>				Zoning District <b>(AG)</b> Lakes Classification <b>(—)</b>			
Date of Inspection: <b>6/29/18</b>		Inspected by: <b>Todd Norwood</b>		Date of Re-Inspection:			
Condition(s): <b>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No — (If No they need to be attached.)</b> <b>Structure must not be used for human habitation/sleeping purposes without necessary VDC and county permits. No pressurized water in structure without an approved connection to POTWS. Must meet and maintain setbacks.</b>							
Signature of Inspector: <b>Todd Norwood</b>				Date of Approval: <b>6/29/18</b>			
Hold For Sanitary: <input type="checkbox"/> <b>—</b>		Hold For TBA: <input type="checkbox"/> <b>—</b>		Hold For Affidavit: <input type="checkbox"/> <b>—</b>		Hold For Fees: <input type="checkbox"/> <b>—</b>	

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **None**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0242** Issued To: **Brian & Linda Klobucher**

Par in  
Location: **NW**  $\frac{1}{4}$  of **SW**  $\frac{1}{4}$  Section **26** Township **47** N. Range **6** W. Town of **Keystone**

Gov't Lot	Lot	Block	Subdivision	CSM#
-----------	-----	-------	-------------	------

For: **Residential Principal Structure: [ 1- Story; Garage (30' x 40') = 1,200 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 12, 2018**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
JUN 25 2018

Bayfield Co. Zoning Dept.

Permit #:

18-0539

Date:

7-12-18

Amount Paid:

PAID \$50 9.50  
6-25-18 7-12-18

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: Dan Murphy		Mailing Address: PO Box 94		City/State/Zip: Iron River WI 54847		Telephone:	
Address of Property: 64820 FR 223		City/State/Zip: Keystone WI 54856		Cell Phone: 612-936-3995		Plumber Phone:	
Contractor: Bruce Carnahan		Contractor Phone: 612-396-5361		Plumber:		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Bruce Carnahan		Agent Phone: 612-396-5361		Agent Mailing Address (include City/State/Zip): PO Box 682 Iron River WI 54847		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION: Legal Description: (Use Tax Statement)		Tax ID#: 22311		Recorded Document: (Showing Ownership) V. 1643 P. 354 459			
NE 1/4, NW 1/4		Gov't Lot		Lot(s)		CSM	
Vol & Page		CSM Doc #		Lot(s) No.		Block(s) No.	
Subdivision: 2015 R 558953		Town of: Keystone		Lot Size		Acreage 40	
Section 32, Township 47 N, Range 07 W							

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$38,500 -	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	Use	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Rebuild		<input type="checkbox"/> _____		<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 40'-6"	Width: 25'-6"	Height: 2'-0"
Proposed Construction:	Length: 40'-6"	Width: 25'-6"	Height: 14'-6"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Porch	( X )	
	with a Deck	( X )	
<input type="checkbox"/> Commercial Use	with (2nd) Deck	( X )	
	with Attached Garage	( X )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	( X )	
	<input checked="" type="checkbox"/> Accessory Building (specify) Storage building using existing foundation	( 25'-6" X 40'-6" )	1032.75
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/> Special Use: (explain) _____	( X )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/> Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: Bruce Carnahan  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 6/24/18

Address to send permit PO Box 682 Iron River WI 54847

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

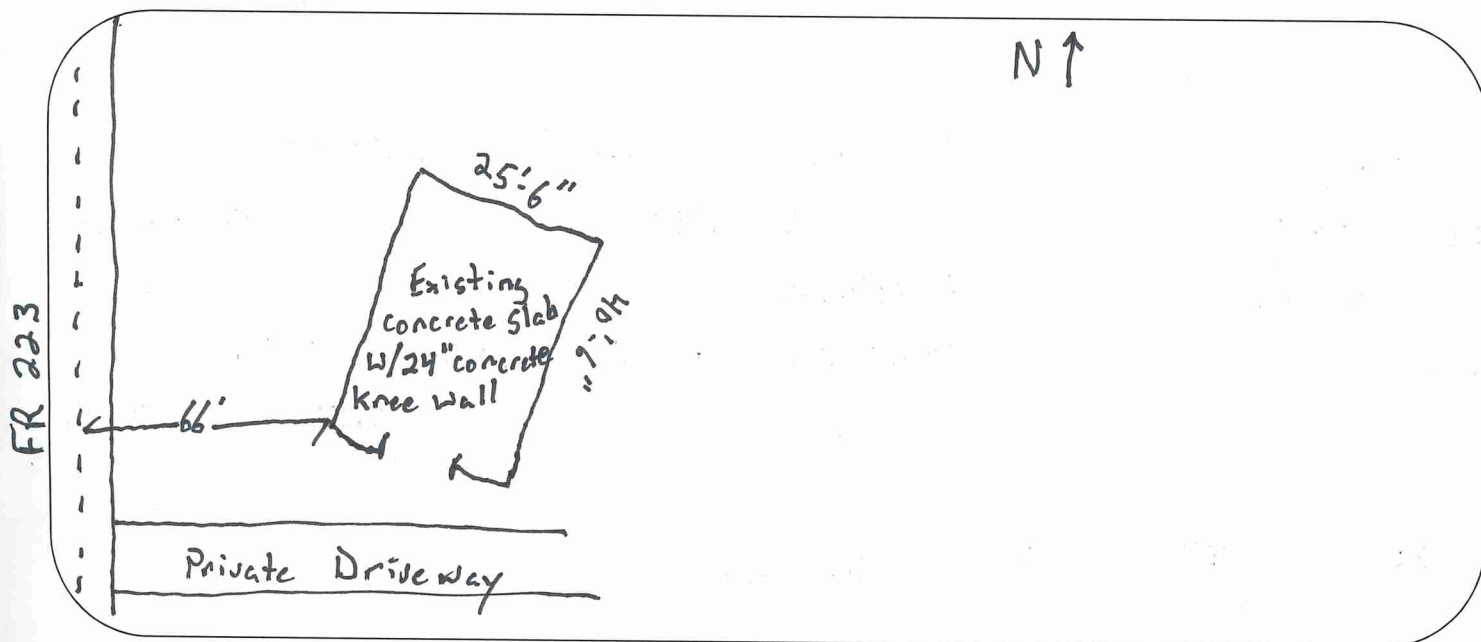
Principal Structure? 7-10-18



the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	66 Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	556 Feet
Setback from the <b>Established Right-of-Way</b>	Feet	Setback from the <b>River, Stream, Creek</b>	Feet
		Setback from the <b>Bank or Bluff</b>	Feet
Setback from the <b>North Lot Line</b>	536 Feet		
Setback from the <b>South Lot Line</b>	761 Feet	Setback from <b>Wetland</b>	556 Feet
Setback from the <b>West Lot Line</b>	780 Feet	<b>20% Slope Area on the property</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the <b>East Lot Line</b>	487 Feet	<b>Elevation of Floodplain</b>	Feet
Setback to <b>Septic Tank or Holding Tank</b>	Feet	Setback to <b>Well</b>	Feet
Setback to <b>Drain Field</b>	Feet		
Setback to <b>Privy</b> (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <b>18-0239</b>		Permit Date: <b>7-12-18</b>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>old foundation</b>	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: <b>Proposed site has foundation from previous structure and will be reused. Project appears code compliant as proposed.</b>				Zoning District ( <b>F1</b> )
Date of Inspection: <b>7/6/18</b>				Lakes Classification ( <b>-</b> )
Inspected by: <b>Todd Norwood</b>				Date of Re-Inspection:
Condition(s): <b>Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)</b>				
<b>Structure shall not be used for human habitation or sleeping purposes. No pressurized water without an approved connection to POTWS. Must sheet and maintain set-backs.</b>				
Signature of Inspector: <b>Todd Norwood</b>				Date of Approval: <b>7/9/18</b>
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **None**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0239** Issued To: **Daniel Murphy & Suzanne Dillon**

Location: **NE** ¼ of **NW** ¼ Section **32** Township **47** N. Range **7** W. Town of **Keystone**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Principal Structure: [ 1- Story; Pole Building (25.6' x 40.6') = 1,032.75 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.**

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.  
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.  
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Todd Norwood**

Authorized Issuing Official

**July 12, 2018**

Date